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DYSMENORRHŒA.*

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Names have often acted as serious obstacles to scientific advancement in all branches of medicine. Thus, in gynæcology the names "pyosalpinx" and "hydrosalpinx" have long retarded a thorough investigation of the natural history of these pathological processes in their earlier stages by conveying an impression which has become fixed by tacit assent, that the pus and the serum in the tubes is the disease itself and not merely a by-product of the disease found in its later stages.

"Dysmenorrhœa" is likewise nothing more nor less than pelvic pain associated with the menstrual congestion and the menstrual flow and is a concomitant symptom of a wide variety of diseases of the uterus, tubes, and ovaries. I wish to emphasize and insist upon this fact at the very outset, convinced that if you will accept my views I will be instrumental in helping a large number of suffering women and in saving you from committing certain errors common to the medical practice of to-day.

Dysmenorrhœa is, therefore, merely an awkward name for a symptom common to numerous diseases; it should consequently never be entered in a history as the diagnosis.

To give precision to my statements I have analyzed, with reference to this symptom, four hundred cases in which I have opened the abdomen for pelvic diseases. I find that two hundred and eighty-nine of the four hundred, taken in series as they were operated upon, suffered from dysmenorrhœa, while one hundred and eleven had no dysmenorrhœa. Out of the four hundred cases more than half (two hundred and fifty-five) had some form of obscure pelvic affection, such as usually escapes the attention of the general practitioner; in other words, this number of women had either pelveoperitonitis with adherent ovaries and tubes, tubercular peritonitis,

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pyosalpinx, hydrosalpinx, tubo-ovarian abscess, salpingitis or hæmatoma of the ovary.

Now out of these two hundred and fifty-five cases of minor pelvic disease there were one hundred and eighty in which dysmenorrhœa existed, while it was absent in but seventy-five. In addition to these two hundred and fifty-five there were fifty-five cases of retroflexion in the series of four hundred, of which forty-four suffered from dysmenorrhœa. The majority of these cases applied for relief solely because of pelvic pains, which were aggravated at the menstrual period, and many of them had been treated for months and years for "dysmenorrhœa."

In addition to the cases of pelvic inflammatory disease, small ovarian tumors and retroflexion, there is still another group of dysmenorrhœic women whose suffering is due to small myomata. I have repeatedly discovered these tumors by a minute rectal examination in young women who have been treated persistently for "dysmenorrhœa."

Believe me, Gentlemen, I would not have taken this trip to Albany to make these brief remarks before you, did I not believe it to be of the utmost importance that you, and through you the profession at large, should realize that they are holding under treatment for "dysmenorrhœa" to-day a large number of women who have small tumors or pelvic inflammatory disease.

Let me put the converse of the proposition; where do all the large myomata seen in our clinics come from if not from the small ones which are at first unrecognized? Put the question to any one of these women with a mass of big tumors filling the abdomen, and she will tell you of years of menstrual pains and treatment before a correct diagnosis was made.

Address the same question to any of the old cases of pelvic inflammatory disease and you will learn of years of fruitless treatment before the true condition was suspected.

There is another type of dysmenorrhœa, common to young girls in whom the menstrual habit is becoming established. This type is usually associated with a variety of dyscrasias, the most prominent of which is chlorosis and does not often persist beyond the twentieth year.

There is, further, the class of the neurotic and hysterical women whose entire nervous system is at fault and in whom moderate pain is described as "agony." This type is particularly prone to be associated with defective development of the uterus and ovaries.

Treatment.

Above every other consideration, and before I speak of the direct treatment, let me impress you with the utter immorality of the use of morphine in combating this symptom "dysmenorrhœa." Under but one set of conditions, and one only, is the use of morphine justifiable, that is, when the dysmenorrhœa has been demonstrated to be due to a gross pelvic lesion and the patient is under preparation for its removal by operation.

There is too a strange blindness preventing many doctors from recognizing the hysterical element in their female patients. I have as a consequence of this want of professional insight seen many poor creatures tattooed with the hypodermic needle and saddled with this accursed habit. Never give morphine for a protracted disease marked with paroxysms of pain not tending toward a fatal issue. For the young girl attention to hygiene, regulation of her exercise and schooling and, above all, rest in bed are invaluable in the treatment. Mild sedatives, hot tea and a full hot hip-bath, with the administration of aloes combined with myrrh or asafœtida to empty the lower bowel, accentuate the pelvic congestion and so assist in bringing on the flow.

I need not dwell here upon such well-recognized facts as the necessity of treating chlorosis, rheumatism and other associated ailments when they exist. Be wary, gentlemen, in beginning what is commonly called "local treatment" in young women; it is rarely of value and once begun is apt to be kept up indefinitely. If, however, the dysmenorrhœa is persistent and excessive in the young girl, do not delay but insist upon a thorough examination under anæsthesia per rectum and abdomen; remembering the maxim of the ancients: "*Magnum est crimen perrumpere virginis hymen.*"

Where serious pelvic disease exists you will treat this and so relieve the dysmenorrhœa. If the existing disease threatens life or is incompatible with fair health, and there is no prospect of relief by waiting, you will without hesitation act in the patient's best interest by removing tubes, ovaries or uterus to effect a cure. In less aggravated conditions, your judgment will be tested in weighing the pros and cons relative to an operative procedure; where the tubes are sealed and ovaries are bound down, you will have less hesitation in interfering and anticipating the menopause. When dysmenorrhœa persists and no local lesion is discoverable a thorough dilatation of the os uteri is often of service. I would estimate the utility of this

procedure about as follows : Seventy per cent. are benefitted for a time ; about forty per cent. are benefitted permanently, and about ten per cent. are cured.

The best results are obtained in cases which are distinctly spasmodic in character.

As a last resort, it is right in rare instances where the patient is not neurotic, and occasionally in spite of this complication, to remove ovaries and tubes for painful menstruation, which is wrecking health, even though the pelvic organs are known to be absolutely free from disease.

Finally in recapitulation, almost without exception all those cases of pelvic inflammatory diseases which will later fall into specialists' hands are to-day under treatment by general practitioners for " dysmenorrhœa."

A careful examination under anæsthesia per rectum and abdomen, if necessary drawing the uterus down with tractors at the same time, and making what I call a " trimanual examination," will reveal the cause of the dysmenorrhœa.

This examination must not be undertaken in young women without due delay and general treatment, during which time the case will often right itself.

In young unmarried woman who have never been examined, the bimanual examination should not be conducted per vaginam.

The practitioner must not fail to recognize and classify separately the purely hysterical cases, in whom local treatment of any kind is positively injurious. He must, however, in this very group of cases be most wary, recollecting that hysterical women are as equally liable as other women to have pelvic inflammatory ailments.

Morphine must never be employed in treating dysmenorrhœa.

Dysmenorrhœa depending upon tumors and inflammatory troubles must be relieved by treating the disease and not the symptom.

Dilatation and curetting benefit a large percentage of cases which are uncomplicated by other diseases and even cure a small percentage.

Ablation of the appendages is proper in rare cases of extreme and persistent dysmenorrhœa as well as for some intractable cases of membranous dysmenorrhœa.